



DEPARTMENT OF
LABOR & INDUSTRY
COMMONWEALTH OF PENNSYLVANIA

PA DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF UC BENEFITS AND ALLOWANCES
EMPLOYERS' CHARGE SECTION
P.O. BOX 67504
HARRISBURG, PA 17106-7504

05-05993

3 REVISED

REQUEST FOR RELIEF FROM CHARGES

BDT OF SAXTON LLC
509 MAIN STREET SUITE 102
SAXTON PA 16678

CLAIMANT: **SANDY K. FOOR**

SOC. SEC. NO: [REDACTED] 5949

EMPLOYER ACCOUNT NUMBER
05-05993

EMPLOYERS' CHARGE SECTION
P.O. BOX 67504
HARRISBURG, PA 17106-7504
FAX NO. 717/772-0398

LAST DATE FOR TIMELY REQUEST	FOR CO USE ONLY
**	03-18-19

EMPLOYEE SOC. SEC. NO.	EMPLOYEE	DATE OF APPLICATION	BENEFIT YEAR ENDING DATE
[REDACTED]	SANDY K. FOOR	02-10-19	02-08-20

BASE-YEAR PERIOD		FINANCIAL DECISION MAILING DATE
FROM	TO	03-01-19
10-01-17	09-30-18	

SERVICE CENTER	TYPE OF CLAIM	BASE-YEAR WAGES AND CREDIT WEEKS				TOTAL WAGES	CREDIT WEEKS	TOTAL OF ALL EMPLOYERS		HIGH QTR. WAGES	YOUR PERCENT CHARGE
		WHILE IN YOUR EMPLOY: QUARTERLY WAGES						WAGES	CR.WKS.		
0997	UC	1-18 7,500.00	2-18 7,500.00	3-18 7,500.00	4-17 7,500.00	30,000.00		30,000.00	52	7,500	100
BLOCKS FOR CO USE ONLY											
						SEQUENCE NUMBER	UNEMPLOYMENT COMP.PAYABLE	DEPENDENT'S ALLOWANCE			
							WKLY. RATE X MAX. WKS.	= MAX. ENT.	NO. WKLY. DEP. AMT.	MAX. ENT.	ELIG. CODE
						7862525	295 26	7670	0 0	0	1

** SEE APPEAL INSTRUCTIONS

NOTE: LACK OF WORK separations DO NOT QUALIFY for relief. DO NOT RETURN THIS FORM-Read and retain for your records.

FOR SEPARATIONS OTHER THAN LACK OF WORK, FAILURE TO COMPLETE THIS COULD RESULT IN UNNECESSARY CHARGES TO YOUR UNEMPLOYMENT COMPENSATION ACCOUNT.

Section 302(a) of the PA UC Law allows you to request relief from unemployment compensation charge if an employee:

- Quit your employ without good cause attributable to the employment; or
- Was discharged from your employ for willful misconduct; or
- Was separated from your employ for reasons that involve fault on the part of the claimant; or
- Was discharged or temporarily suspended from your employ for failure to submit and/or pass a drug/alcohol test conducted pursuant to an established substance abuse policy; or
- Is still working for you in a part-time job which is continuing without material change and was separated from another base-year employer; or
- Was separated from your employ due to a cessation of business of 18 months or less caused by a disaster. A disaster is defined as a fire, flood, or other physical occurrence, beyond the employer's control, caused naturally or accidentally.

TO REQUEST RELIEF FROM CHARGES, complete the reverse side of this form (UC-44FR) as instructed below. The enclosed Employer Information Sheet is available for further guidance, and the Employer Copy (UC-44F(3)) are for your retention.

1. COMPLETE QUESTION A and then COMPLETE THE SECTION on the reverse of this form, which best describes the reason you are requesting relief from charges. If needed, use extra paper and attach to this form.
2. SIGN and DATE this form on the reverse in the space provided.
3. MAKE A COPY of the completed form for your records.
4. MAIL or FAX your request to address above.